

Treatment Protocol: BURNS

Ref. No. 1220

Base Hospital Contact: Required for burns meeting Trauma Center criteria, 2nd or 3rd degree burns \geq 20% TBSA.

1. Assess airway and initiate basic and/or advanced airway maneuvers prn (*MCG 1302*)
If evidence of inhalation injury, treat in conjunction with *TP 1236, Inhalation Injury*
2. Administer **Oxygen** prn (*MCG 1302*)
If carbon monoxide exposure suspected, provide **high flow Oxygen 15 L/min** and treat in conjunction with *TP 1238, Carbon Monoxide Poisoning ①*
3. Assess for signs of trauma
If traumatic injury suspected, treat in conjunction with *TP 1244, Traumatic Injury*
4. Remove jewelry and clothing from involved area
5. Apply blanket to keep patient warm
6. For ELECTRICAL burns:
Cover with dry dressing or sheet, treat in conjunction with *TP 1221, Electrocutation*
7. For THERMAL burns:
Cover with dry dressing or sheet
Consider cooling with water for burns isolated to less than 5% BSA
8. For CHEMICAL burns:
If dry, brush and flush with copious amounts of water
If liquid, flush with large amounts of water ②
If eye involvement, irrigate eye with **Normal Saline 1L** during transport; allow patient to remove contact lenses if possible, treat in conjunction with *TP 1240, HAZMAT*
9. Establish vascular access prn (*MCG 1375*)
For IO placement in alert patients administer, **Lidocaine 2% 40mg (20mg/mL) slow IO push**, may repeat once for infusion pain at half initial dose
10. For partial/full thickness burn > 10% body surface area or poor perfusion:
Normal Saline 1L IV/IO rapid infusion
Reassess after each 250 mL increment for evidence of volume overload (pulmonary edema); stop infusion if pulmonary edema develops
CONTACT BASE for persistent poor perfusion to obtain order for additional **Normal Saline 1L IV/IO**
11. Elevate burned extremities as able for comfort
12. For pain management: (*MCG 1345*)
Fentanyl 50mcg (1mL) slow IV/IO push or IM/IN
Repeat every 5 min prn, maximum total dose prior to Base contact 150mcg
Morphine 4mg (1mL) slow IV/IO push or IM
Repeat every 5 min prn, maximum total dose prior to Base contact 12mg

CONTACT BASE for additional pain management after maximum dose administered:
May repeat as above up to maximum total dose Fentanyl 250mcg or Morphine 20mg

SPECIAL CONSIDERATIONS

- ❶ Consider potential for carbon monoxide and/or cyanide toxicity in closed space fires. Pulse oximetry is not accurate in carbon monoxide poisoning ([TP 1238, Carbon Monoxide Poisoning](#))
- ❷ Observe for hypothermia; cooling large surface area burns (greater than 10% body surface area) may result in hypothermia.